

OLDAGE – A CURSE OR GIFTA BANE OR BOON

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ABSTRACT

Long life is a sign of good health. The ageing of the world's population in developing and developed countries – is an indicator of improving global health. The world's elderly population – people 60 years of age and older is 650 million by 2050, the greying population is forecast to reach 2 billion. There is a need to prepare health care providers and societies to meet the needs of elderly people is essential. Training for health professionals on old age care, preventing and managing age associated chronic diseases, designing sustainable policies on long term care, developing age – friendly services and settings.

Ageing is a global phenomenon. The world's elderly population – people 60 years of age and older – is the fastest growing age group. By 2050 about 80% of the elderly will be living in developing countries. By 2030 this is expected to rise more than 60%. In India, the number of persons aged 60 years and above was 12 million. This had increased to six fold and is expected to be currently 80 million.

The high and growing number of persons above the age of 60 poses challenges to Indian society. Apart from health, the problems of old age people include social, economic and social security. The study was undertaken to assess the social problems of senior citizens living in the community.

KEYWORDS: Oldage- A Curse or Gifta Bane or Boon, 650 Million by 2050, the Greying Population

INTRODUCTION

Statement of the Problem

A study to assess the social problems of senior citizens living in selected community of Mugalivakkam, Chennai.

OBJECTIVES

- To assess the social problems of senior citizens in the community.
- To find out the association between social problems and selected demographic variables.

RESEARCH METHODOLOGY

- **Research Design:** A descriptive survey design.
- **Settings:** 156 ward, Mugalivakkam , Chennai
- **Population:** Senior citizens above the age of 60 years living with family members.

Sample Size & Sampling Techniques

250 males and 250 females selected through census method.

Inclusion Criteria

- Male & Female senior citizens living in 156 ward of Mugalivakkam.
- Senior citizens living for a minimum period of 6 months continuously.
- Senior citizens willing to participate and also could speak & understand Tamil & English.

Exclusion Criteria

- Senior citizens with hearing, vision and other health problems.

RESEARCH TOOL

Tool I

Semi structured interview schedule to collect the demographic variables.

Tool II

The Social Resource Scale modified & adopted from Duke University 1978 was used to assess the social problems of senior citizens. It is used to obtain information about family structure, contact with friends, availability of a confident, satisfaction with social interaction pattern and the availability of someone to help if the senior citizen becomes sick or disabled.

Scoring of the Scale

- Score 1: No social problems
- Score 2: Mild social problems
- Score 3: Moderate
- Score 4: Severe

Data Collection Procedure

Prior permission from the 156 ward counselor was obtained and informed consent was taken from the samples. A survey was conducted to select the samples during the period of Jan to Feb 2015. A brief explanation was given about the research and the data was collected by using a semi structured interview schedule. Descriptive and inferential statistics were used for analysis.

Data Analysis

- Demographic characteristics of senior citizens.

Majority of senior citizens 386 (77%) were in the age group of 60-70 years.

59 (12%) were in the age group of 70-75 years

55 (11%) were in the age group of 75-80 years

62% had primary education

43% were employed and

Majority 62% had in adequate income to meet their ADL.

58% were females

Majority of the samples

428 (85%) were Hindus

48 (10%) were Christians

24 (5%) were Muslims

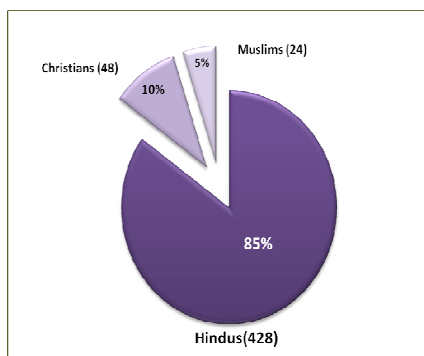


Figure 1: Representing the Religious Status of the Samples

Social Problems of Senior citizens were analyzed on the basis of the findings obtained in the various items of social resource scale.

Table 1: Frequency and Percentage Distribution of Senior Citizens According To Regularity of Visits to Family / Friends in Past 1 Week and Number of Relatives Visitedn=500

Sl.No	Social Resource Scale Items	F	%
1	Frequency of visit to relations / friends in past 1 week	74	15
	a. Once in a week	82	16
	b. Once in a month	318	64
	c. Once in 6 months	26	5
2.	Number of relations visited in past 1 week	29	6
	a. 10-15	128	26
	b. 5-10	296	59
	c. 1-5	47	9
	d. None		

The above table reveals that

64% of the senior citizens made visits to relations & friends once in 6 months.

5% had no visits

59% of the senior citizens were visited by 1-5 relatives in past 1 week

9% had none of the relations visited

Table 2: Frequency and Percentage Distribution of Senior Citizens According to the Availability of a Trusting Persons, Feeling of Loneliness and Wish to See Friends. N=500

Sl. No	Social Resource Scale Items	F	%
1.	Availability of a trusting person	364	73
	a. Present	136	27
	b. Absent		
2	Feeling of loneliness	136	27
	a. Often	83	16
	b. Sometimes	263	53
	c. Always	18	4
	d. Never		
3.	Wish to see friends	49	10
	a. Often	102	20
	b. When need	349	70
	c. Not often		

Table 2 denotes the majority of senior citizens i.e 73% have a trusting person
 53% of them always felt loneliness always
 70% of them could not often meet their friends

Table 3: Frequency and Percentage Distribution of Senior Citizens According the Order of Telephoning & Visit in the Past Week.N=500

Sl. No	Social Resource Scale Items	F	%
1.	Frequency of telephoning to friends and relations in the past week.	78	15
	a. Once a day	293	59
	b. Once a week	88	18
	c. Twice a week	41	8
	d. Not at all		
2.	Frequency of visit by the senior citizens or others in the past week.	92	18
	a. Once a day	260	52
	b. Once a week	80	16
	c. Twice a week	68	14
	d. Not at all		

Table 3: Shows that majority of senior citizens (59%) made telephone calls once in a week to relations & friends and majority (52%) of senior citizens had to visit either by them or to them in the past week.

Table 4: Frequency Distribution and Percentage of Senior Citizens Based on Availability of Help in Sickness, Duration of Help.N=500

Sl. No	Social Resource Scale Items	F	%
1.	Availability of help in sickness	132	26
	a. Present	194	39
	b. Absent	174	35
	c. Not willing		
2.	Duration of help	162	32
	a. As long as needed	194	39
	b. A few days to weeks	106	21
	c. A few weeks to months	38	8
	d. Now and then		

Table 4: Shows that majority (39%) of the senior citizens help is not available during illness and majority (39%) of the senior citizens received help a few days to weeks.

Table 5: Frequency Distribution and Percentage of Senior Citizens Based on Social Problems. N=500

Sl. No	Social Problems	f	%
1.	No social problems	75	15
2.	Mild social problems	258	52
3.	Moderate social problems	124	25
4.	Severe social problems	43	8

Table 5: Indicates that (25%) of the senior citizens had moderate social problems

Table 6: Association between Social Problems of Senior Citizens With Selected Demographic Variables

Sl. No	Demographic Data	Chi square Value	df	p Value
1.	Age	3.68	4	0.45
2.	Gender	0.12	2	0.94
3.	Marital Status	7.89	6	0.24
4.	Education	6.72	2	0.03*
5.	Employment Status	6.73	2	0.03*

*P < 0.05 lend

Table 6: Indicates that there is a statistically significant association between social problems with education and employment.

DISCUSSIONS

Social problems are attracted in the developed countries, but with the increase in the life expectancy rate this is considered to be a Himalayan issue in developing countries.

The study finding revealed that 52% of the senior citizens experience mild level of social problem. 8% of them experience severe social problem.

Though trusting person was available the majority feel loneliness most of the times. In current scenario, the need of financial support forces people to leave their parents for earning which leads to isolation & loneliness because of migration.

CONCLUSIONS

By this study, the researcher found out that in India, particularly Tamil Nadu has various welfare services especially for Senior citizens. But it is not successful at a full stretch since there are draw backs at various levels in planning, and implementing. Hereby, as a social welfare activity, I humbly request the government authority to take necessary steps or modifications is the current plans for the enhancement of the senior citizens.

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